

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G116		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/21/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1734 JEFFREY DR LOWELL, IN 46356			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/21/12</p> <p>Facility Number: 000653 Provider Number: 15G116 AIM Number: 100234070</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, ARC of Northwest Indiana Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This two story facility with a basement was not sprinklered. The facility has a fire alarm system</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>with smoke detection on all levels including in corridors, client rooms and common living areas. The facility has the capacity for 5 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.1.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/23/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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KS147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 5 of 5 clients, which is amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient</p>			KS147	<p>The Area Manager will retrain Direct Support Professionals on the written plan for emergency evacuation of clients and the need for evacuation drills, including varying the time of the evacuation drills. The Area Manager will be present for the first evacuation drill after retraining to insure that all staff are informed and able to carry out the necessary evacuation drills.</p> <p>To insure future compliance the Area Managers will monitor evacuation drills 2x a month x 3 months, then monthly thereafter. The tracking system for monitoring evacuation drills will be revised and reviewed monthly to insure timeliness of training and drill.</p>		03/21/2012

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	<p>practice could affect all clients.</p> <p>Findings include:</p> <p>Based on Fire Drill Records review with the maintenance director on 02/21/12 at 2:45 p.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any record of fire drills for the night shift during the second quarter of 2011. The maintenance director said at the time of record review, all drills conducted were included for review and he had no more to provide. As a result, there was a lapse of six months between the March 2011 and September 2011 fire drills conducted on the night shift.</p>						

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to ensure fire and evacuation drills were provided for each shift for 1 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of Fire Drill</p>		KS152	<p>The Area Manager will retrain Direct Support Professionals on the timeframes for the different shifts as required by the evacuation drills. Training is to include varying the time of the evacuation drills and making sure that the time of the drill is clearly within the shift required, paying special attention to the timeframes at the end of the third shift and the beginning of the first shift. The Area Manager will be</p>		03/21/2012	

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	Records on 02/21/12 at 2:45 p.m. with the maintenance director, documentation of fire drills was not found for the third shift during the second quarter of 2011. The maintenance director said at the time of record review, all fire drills conducted were provided for review.			present for the first evacuation drill after retraining to insure that all staff are informed and able to carry out the necessary evacuation drills. To insure future compliance the Area Managers will monitor evacuation drills 2x a month x 3 months, then monthly thereafter. The tracking system for monitoring evacuation drills will be revised and reviewed monthly to insure timeliness of training and drill.			